



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation


→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN 19 PM 12:29

1. Entity ID Number 98744		2. Exact name of the Corporation DEV'S CAFE, INC.			
3. Principal Office Address c/o JOSEPH RAHEB, ESQ., 650 WASHINGTON HWY.		City LINCOLN		State RI	Zip 02865
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A BAR AND/OR LOUNGE NAICS CODE 722410			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHELE C. DOLINSKI			Vice-President Name MICHELE C. DOLINSKI		
Street Address 341 CHAPEL STREET			Street Address 341 CHAPEL STREET		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Secretary Name MICHELE C. DOLINSKI			Treasurer Name MICHELE C. DOLINSKI		
Street Address 341 CHAPEL STREET			Street Address 341 CHAPEL STREET		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHELE C. DOLINSKI			Director Name NONE		
Street Address 341 CHAPEL STREET			Street Address		
City HARRISVILLE	State RI	Zip 02830	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NO PAR VALUE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative MICHELE C. DOLINSKI					Date 12/27/17
Signature of Authorized Representative 					

FILED

JAN 19 2018

BY

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